



TENNESSEE DEPARTMENT OF SAFETY

**STATE CERTIFIED HANDGUN INSTRUCTOR
APPLICATION**

(Print or type and return with application fee to)

TENNESSEE DEPARTMENT OF SAFETY
HANDGUN PERMIT OFFICE
1150 FOSTER AVE.
NASHVILLE, TN 37243-1000

RENEWAL
APPLICATION ID #

____/____/____

EXP: ____/____/____

NAME OF
APPLICANT: _____

ADDRESS: _____

PHONE NUMBERS: _____

RACE: _____ SEX: _____ DATE OF BIRTH: _____ SOCIAL SECURITY# _____

HAVE YOU BEEN CONVICTED OF A FELONY OR ANY DRUG OR ALCOHOL RELATED
OFFENSE IN THE PAST 10 YEARS? _____

HANDGUN INSTRUCTORS TRAINING RECEIVED? (include name of school(s), location(s),
and date(s). Attach copy(s) of certificate(s) and /or diploma(s):

I, the undersigned, certify the above information to be true and accurate. I have read the Tennessee Department of Safety Rules Chapter 1340-2-3, State Certified Handgun Training Program, and agree to conduct the Handgun Training Courses in accordance with rules and regulations therein. I further understand that my failure to comply with the rules and regulations or making false statements on this application may result in the suspension, revocation or denial of my certification.

Signature

Date

DEPARTMENT USE ONLY

Rec'd. ____/____/____ App. ____/____/____ Ret. Add. Info ____/____/____ Exp. ____/____/____ Denied ____/____/____

Notes: _____

Program Director